

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 200

County Registrar No. \_\_\_\_\_

Local Registrar No. 122

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ladislao Muñoz } If child is not yet named, make supplemental report, as directed.3. Sex of Child masculine } To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth June 26 1925  
Month day year

5. FATHER

Full name Jose Muñoz9. Residence (Usual place of abode) Church Hill Miami

If nonresident, give place and state \_\_\_\_\_

10. Color or race Mexican11. Age at last birthday 36 (Years)12. Birthplace (city or place) El Paso, Mex.

(State or country) \_\_\_\_\_

13. Occupation Laborer

Nature of industry \_\_\_\_\_

14. MOTHER

Full maiden name Maria Sanchez15. Residence (Usual place of abode) Church Hill Miami

If nonresident, give place and state \_\_\_\_\_

16. Color or race Mexican17. Age at last birthday 30 (Years)18. Birthplace (city or place) La Paz(State or country) Lower Calif.19. Occupation Housewife

Nature of industry \_\_\_\_\_

20. Number of children of this mother (a) Born alive and now living 5 (b) Born alive but now dead 4 (c) Stillborn 0(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken, against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8 a.m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from \_\_\_\_\_

a supplemental report \_\_\_\_\_

Month, day, year.

Signature Viventa GutierrezAddress Pine Canyon Globe Ariz.Filed June 30 1925 C.E. Form

Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

Registrar.

349-626-429

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
WRITE  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.